Attorney Ref: 01189/3/US Pfizer Ref: 27573/USA HDP Ref: 6794-000115/US/02

and was assigned U.S. Patent Application

## **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

is attached hereto.

was filed on

the specification of which (check one)

 $\boxtimes$ 

My residence, mailing address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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	Serial No	),			
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CFR avail	§ 1.56, including for c	ontinuation-in-part appli date of the prior applica	ch is material to patentabi ications, material informa ation and the national or P	tion which	became
appli whic have certif	cation(s) for patent or in h designated at least or also identified below,	inventor's certificate, or ne country other than the by checking the box, any mational application hav	S.C. §§ 119(a)-(d) or 3656 365(a) of any PCT internate United States of America y foreign application for pring a filing date before the	ational app a, listed be patent or in	olication low and eventor's
		PRIOR FOREIGN AP	PLICATION(S)		
	APPN. SERIAL NO.	COUNTRY	DATE FILED (MM/DD/YYYY)	PRIORITY Yes	CLAIM No
P	PCT/US2003/025833	PCT	08/19/2003	$\boxtimes$	
	cation(s) listed below:	PRIOR PROVISIONAL A	DATE FILED (MM/DD/Y		rovisional
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Attorney Ref: 01189/3/US Pfizer Ref: 27573/USA HDP Ref: 6794-000115/US/02

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below:

PRIOR U.S. APPLICATION(S)					
APPN. SERIAL NO.	DATE FILED (MM/DD/YYYY)	STATUS – PATENTED, PENDING, ABANDONED			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## **POWER OF ATTORNEY**

The undersigned, on behalf of Applicant, hereby appoints the attorneys and patent agents associated with Customer Number 47376 with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith with full power to transact all business in the Patent and Trademark Office in connection with the above-referenced patent application.

## **CORRESPONDENCE ADDRESS**

I request the Patent and Trademark Office to direct all correspondence relative to this application to:

David M. Gryte, PTO Registration No. 41,809 Harness, Dickey & Pierce, P.L.C. 7700 Bonhomme, Suite 400 St. Louis, MO 63105 (314) 726-7500 (telephone) (314) 726-7501 (facsimile)

Attorney Ref: 01189/3/US Pfizer Ref: 27573/USA HDP Ref: 6794-000115/US/02

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Inventor's signature:	_			
Date:	_			
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TO EST & CONTRACTOR

Attorney Ref: 01189/3/US Pfizer Ref: 27573/USA HDP Ref: 6794-000115/US/02

Full name of second joint inventor: David W. Griggs

Inventor's signature:					
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Mailing Address: Borough Drive, Ballwin, MO 63021